

(Please PRINT clearly and complete all sections of both sides of the application)

 Last First Middle

ADDRESS: _____

City _____ Zip _____

M F (Circle One) _____

E-MAIL: _____ (used to communicate class cancellations and emergencies)

Do you have early release from school? Yes No (circle one) If yes, period H or periods G + H (circle one)

I wish to apply to participate in the Manchester Driver Education Program. I am willing to give the necessary time and effort in order to fulfill the requirements of this course.

It is further understood that it is necessary to pay \$ 500.00 at time of registration, refundable only if I withdraw before the first class session (Parent Night). Cash, checks or money orders are accepted. If paying by check, please make check payable to "MANCHESTER SCHOOL DISTRICT". Refunds will NOT be granted for "dropping" the class after the initial class, suspension, expulsion, or failing the class for any reason.

I understand that I am covered by insurance while driving in the education vehicles only, and that I am required to drive at least 40 additional hours with a parent / guardian. The parent / guardian is responsible for any insurance coverage on their personal vehicle.

I understand that I will schedule behind-the-wheel (BTW) lessons with my driving instructor. To cancel a pre-arranged (BTW) lesson, I must notify the driving instructor at least one day (24hrs) in advance. If I do not appear for a drive, or do not notify the instructor at least 24 hours in advance of a need to reschedule, I will pay a \$ 20.00 cancellation fee before the next drive.

I realize I must read and agree to comply with the requirements as stated in the Manchester Driver Education Student / Parent Handbook. The handbook will be handed out before the first class, during the registration process. It is my responsibility to read the handbook within two days of receiving the copy and then become familiar with the publication including the classroom instruction format, the class expectations, the grading policies, the attendance / tardiness regulations, and class requirements. If questions or concerns exist by student or parent, they must contact the instructor within the first week.

(Student Signature)

(Parent / Guardian Signature)

(OVER...to complete the application)

Manchester Driver Education Program
CONFIDENTIAL HEALTH INFORMATION

PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN TELEPHONE # _____

1. Please circle below any physical or medical limitations that your teenager may have:

Hearing Problems	Yes	No	Rheumatic Fever	Yes	No
Vision Problems	Yes	No	Epilepsy	Yes	No
Diabetes	Yes	No	Fainting Spells	Yes	No
Heart Trouble	Yes	No	Paralysis	Yes	No
Orthopedic Problems	Yes	No	Cerebral Palsy	Yes	No
Chronic Illness	Yes	No	Asthma	Yes	No

Other Special Needs: (describe)

Please describe any "YES" answer in detail.

2. Is your son or daughter taking any medication regularly? Yes No

If "Yes," please list medicine: _____

Describe any side effects: _____

3. Does your son or daughter have any specific learning challenges (including reading difficulties) which might hinder progress or limit participation in either the classroom or behind-the-wheel activities? Yes No

If "Yes," explain: _____

4. Has your son or daughter been convicted of a Minor in Possession, a DUI, a DWI, or any other offense which would restrict their driving privilege? Yes No

If "Yes," explain: _____

5. Do you wish to schedule a conference with the driver educator? Yes No

I fully approve of my son / daughter enrolling in the Manchester Driver Education Traffic Safety Program and will provide forty (40) hours of practice driving over the time of the course.

Parent or Guardian Signature

Date

NOTE: Return this completed application form, a photo copy of the birth certificate, and full payment (cash, check or money order payable to "MANCHESTER SCHOOL DISTRICT"), during the registration for the desired session. All registrations are accepted on a first-come-first-serve basis, and only on the specified registration dates.